24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
United We Can	C C00523621
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y
Full Name of Payee Date of	f Public Distribution/Dissemination
	07 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1720 I Street, NW Suite 550 Amoun	ıt
City State Zip Code	41204.30
Date of	action ID : D366636 f Disbursement or Obligation
	07 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sought:	: House District:
DONALD J TRUMP	
Calendar Year-To-Date Per Election for Office Sought Disbursement 2016 Oth	For: Primary X General her (specify) ▶
	of Public Distribution/Dissemination
Mailing Address Amoun	nt
Alloui	
City State Zip Code	
Purpose of Expenditure Category/ Type Date or	of Disbursement or Obligation
Name of Federal Candidate Support Office Sought:	:
Oppose Presider	nt Senate State:
Calendar Year-To-Date Per Election for Office Sought Disbursement	For: Primary General
	ner (specify) P
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 5
(c) TOTAL Independent Expenditures	41204.30
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Gerald Hudson [Electronically Filed] Date 07	27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	